DECLARATION FOR "371" APPLICATION Page 1 of 4 COMPINED DECLARATION FOR LITTLITY OR DESIGN PATENT ATTORNEY'S DOCKET

COMBINED DECLARA			PU4962USw
APPLICATION WITH P	OWER OF ATTORNEY		First Names Inventor:
.•			Kazmierski Complete if known:
			App No.:
			App No
() Declaration submitted with initial filing	ng or		
() Declaration submitted after initial filing	ng (surcharge required 37CFR1.16(e))		Filing Date
			Group Art Unit:
As below named inv	ventor. I hereby declare that:	_	
My residence, post office add	dress and citizenship are as stated bel	ow next to my name.	
I believe I am the original, for (if plural names are listed bell entitled:	rst and sole inventor (if only one name low) of the subject matter which is cl	ne is listed below) or an original, aimed and for which a patent is s	first and joint inventor ought on the invention
cititied.	CCR5 ANTAGONISTS AS TH	ERAPEUTIC AGENTS	
the specification of which (ch			
[]is attached hereto. OR			
	as United States application S	erial No or PCT	International
	US03/39644 filed <u>Dec. 12, 2003</u> and olicable)	i was amended on (MM/DD/YYY	YY)
I hereby state that I have rev	iewed and understand the contents of	the above-identified specification	on, including the claims,
as amended by any amendm	ent specifically referred to above.		
I acknowledge the duty to di	sclose information which is material	to patentability as defined in 37	CFR §1.56.
I hereby claim foreign priority benefi inventor's certificate or 365(a) of any States of America, listed below and h	PCT international application which ave also identified below, by checking	designated at least one country on the box, any foreign application	other than the United on for patent or inventor's
certificate or of any PCT internationa			ch priority is claimed:
PRIOR FOREIGN AND ANY PRI			DD (OD (D))
Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
Number (s) 1.		(IVIIVII DD/ I I I I I))	CLAIMED
2.			
3.		+	
4.			
5.			
I hereby claim the benefit under Title	35 United States Code 8119(e) of a	ny United States provisional ann	lication(s) listed below:
Application No.		te (MM/DD/YYYY)	Traction(s) fisted below.
1. 60/433,634	1 ming Da	12/13/2002	
2.		12/13/2002	
3.			
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PU4962USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR	U.S. PARENT A	APPLICATION or PCT PARENT A	PPLICATION			
					STATUS (Check one)	
U.S. F	Parent Application or I Number	PCT Parent Parent Filing I (MM/DD/YY)		PATENTED	PENDING	ABANDONED
					,	
POWER	OF ATTORNEY	: As a named inventor. I hereby-appoint t	he practitioners as	ssociated with the	Customer Numbers p	provided below to
prosecute	this application an	d to transact all business in the Patent and	Trademark Offic	e connected therev	with	
		d Customer Number 20462		7	Direct Telephone C	lls to:
Address	-	ce-and-tele phone-calls-to Customer N	umber <u>23347</u>		Direct Telephone Cal	ns 10.
	David J. Levy	not Bron sets:				Deppenbrock
	Corporate Intellect	uai Property	_			183-1577
	Five Moore Drive, l	PO Box 13398			1	
<u></u>	Research Triangle	Park, NC 27709-3398				
I hereby	declare that all si	tatements made herein of my own kno	wledge are true	and that all state	ments made on int	formation and
belief ar	re believed to be to	rue; and further that these statements v	were made with	the knowledge the	hat willful false sta	tements and the
		ole by fine or imprisonment, or both, u		1001, and that su	ich willful false sta	atements may
		the application or any patent issuing t				
1	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	E	SECOND GIVEN NAME	INITIAL
2 🔿	OF INVENTOR	KAZMIERSKI ,	Wieslaw		Mieczyslaw	
100	INVENTOR'S	Signature	h		Date: Feb 16	5,2004
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٧	CITIZENSHIP	Durham	INC NC	,	US	
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1	ADDRESS	GlaxoSmithKline	Research Tri	iangie Park	North Carolina	21109, US
		Five Moore Drive, PO Box 13398	FIRST GIVEN NAM	T	SECOND GIVEN NAME	/INITIAI
,, ו	FULL NAME OF INVENTOR	FAMILY NAME AQUINO	Chr <u>isopher</u>	IE.	Joseph	AUSTRIAL
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	POST OFFICE	Durham U / /	CITY		STATE & ZIP CODE/CO	DUNTRY
2	ADDRESS	GlaxoSmithKline	Research Tr	iangle Park	North Carolina	
_		Five Moore Drive, PO Box 13398		-		-
217	FULL NAME	FAMILY NAME	FIRST GIVEN NAM	1E	SECOND GIVEN NAME	VINITIAL
100	OF INVENTOR	BIEULEO	Neil		<u> </u>	
Y I	INVENTOR'S	Signature	·		Date:	low
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	CITIZENSHIP	Durham /	NC STATE OR FOREIG	7	US	
	POST OFFICE	POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO	
3	ADDRESS	GlaxoSmithKline	Research Tr	nangle Park	North Carolina	1 27709, US
!	Ī	Five Moore Drive, PO Box 13398			1	

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1/2	OF INVENTOR	BOROS	Eric_	Eugene
7 -	INVENTOR'S	Signature		Date:
	SIGNATURE	-		1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham		US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	·	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
100	OF INVENTOR	CHAUDER	Brian	Andrew Date:
D	INVENTOR'S	Signature		Date:
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"	CITIZENSHIP	Dur <u>ham</u>	NC AC	CA
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	-	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1 70	OF INVENTOR	CHONG	<u>Pek</u>	Yoke
	INVENTOR'S	Signature Chryfosh CITY		Date: 0 111 1611
Y	SIGNATURE	Chypolin		2/16/64
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham POST OFFICE ADDRESS	NC NC	MY STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
6	ADDRESS		Research Triangle Lark	North Caronna 27707, CS
		Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1.5	FULL NAME OF INVENTOR	DUAN	Maosheng	SECOND GIVEN NAME/INITIAL
	INVENTOR'S		Wadsheng	Date:
	SIGNATURE	Signature Claush K) 	Date: 2/16/2004
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
روع ا	OF INVENTOR	DEANDA, Jr.	Felix	
Φ,	INVENTOR'S	Signature		Date:
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	CITIZENSHIP	Durham	NC NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
V V	OF INVENTOR	KOBLE	Cecilia	Suarez
yv.	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC NC	VE
9	POST OFFICE	POST OFFICE ADDRESS GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
9	ADDRESS	Five Moore Drive, PO Box 13398	Research Friangle Lark	1101 til Carollia 27707, 00
	COLL MAN CO	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
JUM	FULL NAME OF INVENTOR	MCLEAN	Ed_	Williams_
\(\(\) \(\) \(\)	INVENTOR'S	Signature		Date:
14	SIGNATURE	Signature SIC. M. M	· L	2/16/2004
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
'	CITIZENSHIP	<u>Durham</u>	NC L)C	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
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2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
الاكمان	OF INVENTOR	PECKHAM	Jen <u>nifer</u>	Poole
	INVENTOR'S	Signature Dynnufe P Pec	a la	Date: 211 1011
1	SIGNATURE	Chronite & 1 se	enam	21604
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham V	NC NC	US
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
L		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2,00	OF INVENTOR	PERKINS	Angiliqu <u>e</u>	<u> C </u>
1200	INVENTOR'S	Signature	A	Date:
! /	SIGNATURE	Signature C. Lei	bu-	1 2116/04
i	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Du <u>rham</u> $^{m{U}}$	NC NC	US
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2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	:	Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1220	OF INVENTOR	THOMPSON	<u>James</u>	Benjamin.
D.	INVENTOR'S	Signature	-	Date:
	SIGNATURE			1
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham_	I MC 14 O	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2.0	OF INVENTOR	VANDERWALL	Dana	1
	INVENTOR'S	Signature		Date:
114	SIGNATURE			
' 1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC AC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

COMBINED DECLAR		•		ATTORNEY'S DOCKET PU4962USw		
APPLICATION WITH	I POWER (OF ATTORNEY	,	First Names Inventor: Kazmierski		
				Complete if known:		
				App No.:		
() Declaration submitted with initial	filing or					
() Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date		
				Group Art Unit:		
As below named inventor. I hereby declare that:						
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.			
_	below) of the su	bject matter which is cla	e is listed below) or an original, fi imed and for which a patent is so	7		
the specification of which			ERAPEUTIC AGENTS			
[]is attached hereto. OR						
[x] was filed on	as Unit	ted States application Se	rial No or PCT In	ıternational		
	T/US03/39644 f	iled <u>Dec. 12, 2003</u> and	was amended on (MM/DD/YYY	ť)		
I hereby state that I have as amended by any amen			the above-identified specification	including the claims,		
I acknowledge the duty to	o disclose informa	ation which is material to	o patentability as defined in 37 CI	₹R §1.56.		
inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internation	I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY P		IMS UNDER 35 U.S.C Country	Foreign Filing Date	PRIORITY		
Number (s)		Southiry	(MM/DD/YYYY))	CLAIMED		
1.						
<u>2.</u> 3.			<u> </u>			
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5.						
I hereby claim the benefit under T	itle 35, United St			ation(s) listed below:		
Application No. 1. 60/433,634	-		e (MM/DD/YYYY) 2/13/2002			
2.	<u>-</u>	1.	2/13/2002			
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COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBE
PU4962USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filling date of the prior application(s) and the national or

PRIOR U.S. PARENT APPLICATION	ON or PCT PARENT APPLICAT	ION					
STATUS (Che			STATUS (Check	one)			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED			
POWER OF ATTORNEY: As a named in prosecute this application and to transact all	business in the Patent and Trademark			provided below to			
Customer Number 23347 and Customer Number 23347	moer 20402		Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398				

made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KAZMIERSKI	Wieslaw	Mieczyslaw
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	-	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	AQUINO	Chrisopher	Joseph
1	INVENTOR'S	Signature		Date:
	SIGNATURE			!
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIFULCO	Neil	
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СПҮ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

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OF INVENTOR SIGNATURE Durham NC CA		FULL NAME		FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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OF INVENTOR'S SIGNATURE STATE OR FOREIGN COUNTRY OF CITIZENSHIP Durham NC CN		CHIL MANG		PIDET CIVEN NAME	CECOND CIVEN NAME (INTERAL
INVENTOR'S SIGNATURE SIGNATURE CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CN	2		i i		SECOND GIVEN NAME/INITIAL
SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY North Carolina 27709, US	1			Maddieng	Date:
RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP		1	o.g.mare		Date.
CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR DEANDA, Jr. RESIDENCE & CITY STATE & ZIP CODECOUNTRY North Carolina 27709, US FIRST GIVEN NAME FEIRX FEIRX FIRST GIVEN NAME FEIRX FEIRX Date: SECOND GIVEN NAMEINITIAL Date: SECOND GIVEN NAMEINITIAL Date: SECOND GIVEN NAMEINITIAL Date: CITY STATE OR FOREIGN COUNTRY OUT OF CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR SIGNATURE: FULL NAME OF INVENTOR SIGNATURE: FULL NAME OF INVENTOR SIGNATURE: OF INVENTORS SIGNATURE: FULL NAME OF INVENTOR SIGNATURE: OF INVENTOR SIGNATURE: FULL NAME OF INVENTOR SIGNATURE: OF INVENTOR SIGNATURE: FULL NAME OF OFFICE ADDRESS GLAXOSMITHKLINE FIVE MOORE Drive, PO Box 13398 FULL NAME OF OFFICE ADDRESS GLAXOSMITHKLINE FIVE MOORE Drive, PO Box 13398 FULL NAME OF OFFICE ADDRESS GLAXOSMITHKLINE FIVE MOORE Drive, PO Box 13398 FULL NAME OF INVENTOR SIGNATURE: FULL NAME OF OFFICE ADDRESS GLAXOSMITHKLINE FULL NAME OF OFFICE ADDRESS SIGNATURE: FULL NAME OF OFFICE ADDRESS SIGNATURE FULL NA	0		СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS GlavoSmithKline Five Moore Drive, PO Box 13398			Durham		
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INVENTOR'S SIGNATURE RESIDENCE & CITY Durham NC US POST OFFICE ADDRESS CITY STATE OR FOREIGN COUNTRY NOrth Carolina 27709, US FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US FILL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY NORTH CAROLINA 27709, US FULL NAME OF INVENTOR'S SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP NORTH CAROLINA 27709, US FULL NAME OF INVENTOR OF ITE ADDRESS CITY STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US FULL NAME OF INVENTOR OF ITE ADDRESS CITY STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US FULL NAME OF INVENTOR OF ITE ADDRESS CITY STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US FULL NAME OF INVENTOR OF ITE ADDRESS CITY STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US FULL NAME OF INVENTOR OF ITE ADDRESS CITY STATE & ZIP CODE/COUNTRY NORTH CAROLINA 27709, US FULL NAME OF INVENTOR OF ITE ADDRESS CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY STATE & ZIP CODE/COUNTRY OF CITIZENSHIP US RESIDENCE & CITY		FULL NAME		FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR'S SIGNATURE POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE FULL NAME POST OFFICE ADDRESS FIRST GIVEN NAME OF INVENTOR'S SIGNATURE FIRST GIVEN NAME NC TITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR'S SIGNATURE FIRST GIVEN NAME NC COUNTRY OF CITIZENSHIP VE STATE & ZIP CODE/COUNTRY NORTH CAROLINA COUNTRY OF CITIZENSHIP VE STATE & ZIP CODE/COUNTRY NORTH CAROLINA NC COUNTRY OF CITIZENSHIP VE STATE & ZIP CODE/COUNTRY NORTH CAROLINA NORTH CAROLINA FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL Williams Date: SIGNATURE FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL Williams Date: SIGNATURE TOULL NAME OF INVENTOR'S SIGNATURE FIRST GIVEN NAME SECOND GIVEN NAMEINITIAL Williams Date: SIGNATURE TOULT NAME OF INVENTOR'S STATE & ZIP CODE/COUNTRY NORTH CAROLINA N					
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2 OF INVENTOR KOBLE INVENTOR'S SIGNATURE 0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY NOTH Carolina 27709, US FULL NAME OF INVENTOR'S SIGNATURE 1 RESIDENCE & CITY STATE OR FOREIGN COUNTRY NOTH Carolina 27709, US FAMILY NAME OF INVENTOR SIGNATURE 1 RESIDENCE & CITY STATE & ZIP CODE/COUNTRY North Carolina 27709, US FILL NAME OF INVENTOR MCLEAN FAMILY NAME MCLEAN SIGNATURE 1 RESIDENCE & CITY STATE OR FOREIGN COUNTRY Williams SIGNATURE 1 RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP US POST OFFICE ADDRESS GlaxoSmithKline O ADDRESS GlaxoSmithKline Research Triangle Park North Carolina 27709, US	<u> </u>				
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RESIDENCE & CITY STATE OR FOREIGN COUNTRY VE			Signature		Date:
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9 ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FULL NAME OF INVENTOR INVENTOR'S SIGNATURE 1 RESIDENCE & CITY CITIZENSHIP POST OFFICE ADDRESS GlaxoSmithKline Research Triangle Park FIRST GIVEN NAME FIRST GIVEN NAME Ed Williams Date: COUNTRY OF CITIZENSHIP US STATE OR FOREIGN COUNTRY NC US STATE & ZIP CODE/COUNTRY North Carolina 27709, US					
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2 OF INVENTOR MCLEAN Ed Williams INVENTOR'S SIGNATURE 1 RESIDENCE & CITY STATE OR FOREIGN COUNTRY OF CITIZENSHIP OUrham NC US POST OFFICE ADDRESS GlaxoSmithKline Research Triangle Park North Carolina 27709, US		FULL NAME		FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
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1 RESIDENCE & CITY STATE OR FOREIGN COUNTRY OF CITIZENSHIP CITIZENSHIP Durham NC US POST OFFICE ADDRESS GlaxoSmithKline Research Triangle Park North Carolina 27709, US					
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					_ I
Five Moore Drive, PO Box 13398	0	ADDRESS		Research Triangle Park	North Carolina 27709, US
	<u> </u>	l	Five Moore Drive, PO Box 13398		

2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1 -	OF INVENTOR	PECKHAM	Jennifer	Poole
	INVENTOR'S	Signature		Date:
	SIGNATURE		.•	
1 1	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 1	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	i	Five Moore Drive, PO Box 13398	9	, , ,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PERKINS	Angilique	C
j	INVENTOR'S	Signature	<u> </u>	Date:
	SIGNATURE			
1	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMPSON	James	Benjamin
	INVENTOR'S	Signature		Date:
	SIGNATURE	l		
1 1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline .	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VANDERWALL	Dana	
]	INVENTOR'S	Signature	///	Date:
	SIGNATURE	1. kmet //m dead	wall	13//05
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	<u> </u>	Five Moore Drive, PO Box 13398		

COMBINED DECLAR		•		1.1.10	DRNEY'S DOCKET 1962USw		
APPLICATION WITH	POWER O	OF ATTORNEY	•	First l	Names Inventor:		
		• .	·		nierski Splete if known:		
					No.:		
() Declaration submitted with initial	filing or			'			
() Declaration submitted after initial	filing (surcharge re	required 37CFR1.16(e))			g Date		
				Grou	ıp Art Unit:		
					•		
As below named inventor. I hereby declare that:							
My residence, post office	My residence, post office address and citizenship are as stated below next to my name.						
I believe I am the original (if plural names are listed entitled:	below) of the sul	bject matter which is cla	imed and for which a p	atent is sought o			
the specification of which		TAGONISTS AS THE item below):	ERAPEUTIC AGENT	'S			
[]is attached hereto. OR							
[x] was filed on	as Unit	ed States application Se	rial No	or PCT Interna	tional		
Application Number PC7	Г/US03/39644 fi applicable)	iled <u>Dec. 12, 2003</u> and	was amended on (MM/	DD/YYYY)			
I hereby state that I have r as amended by any amend			he above-identified spe	ecification, inclu	ding the claims,		
I acknowledge the duty to	disclose informa	ation which is material to	patentability as define	ed in 37 CFR §1.	56.		
I hereby claim foreign priority bend inventor's certificate or 365(a) of at States of America, listed below and	ny PCT internation I have also identi	onal application which dified below, by checking	lesignated at least one of the box, any foreign a	country other that pplication for pa	n the United tent or inventor's		
PRIOR FOREIGN AND ANY P				n on which prior	ity is claimed:		
Prior Foreign Application		Country	Foreign Fili	ng Date	PRIORITY		
Number (s)			(MM/DD/Y	YYY))	CLAIMED		
1.							
2. 3.							
4.							
5.	·			-			
I hereby claim the benefit under Ti	tle 35, United Sta	ates Code §119(e) of an	y United States provision	onal application(s) listed below:		
Application No.	,		(MM/DD/YYYY)				
1. 60/433,634			2/13/2002				
2.							
3				i			

COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4962USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED	
			-		

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy

Corporate Intellectual Property

GlaxoSmithKline

Five Moore Drive, PO Box 13398

Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Bonnie L. Deppenbrock 919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	T			· · · · · · · · · · · · · · · · · · ·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KAZMIERSKI	Wieslaw	Mieczyslaw
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
l	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	AQUINO	Chrisopher	Joseph
	INVENTOR'S	Signature		Date:
	SIGNATURE	·		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIFULCO	Neil	
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP '	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	EUL L NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	BOROS	Eric	Eugene
-	INVENTOR'S	Signature		Date:
	SIGNATURE	Signature .	• •	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
•	1	Five Moore Drive, PO Box 13398		,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHAUDER	Brian	Andrew
-	INVENTOR'S	Signature y	7	Date:
	SIGNATURE	Fra A Chal	_	2-16-04.
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CA
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	9	· ·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHONG	Pek	Yoke
I -	INVENTOR'S	Signature	<u> </u>	Date:
	SIGNATURE	-		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	MY
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	ē	1
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DUAN	Maosheng	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DEANDA, Jr.	Felix	
	INVENTOR'S	Signature		Date:
l	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KOBLE	Cecilia	Suarez
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	VE
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	L	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MCLEAN	Ed	Williams
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
l	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
L		Five Moore Drive, PO Box 13398		
			· · · · · · · · · · · · · · · · · · ·	

2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	OF INVENTOR	PECKHAM	Jennifer	Poole
	INVENTOR'S	Signature		Date:
	SIGNATURE	, ·		
1 1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
· .	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PERKINS	Angilique	C
	INVENTOR'S	Signature		Date:
,	SIGNATURE			
1	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMPSON	James	Benjamin
	INVENTOR'S	Signature		Date:
	SIGNATURE	y y y		16 February 2004 COUNTRY OF CITIZENSHIP
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VANDERWALL	Dana	
	INVENTOR'S	Signature		Date: .
1	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham POST OFFICE ADDRESS	NC	US
1 .	POST OFFICE	GlaxoSmithKline	CITY Describe Triangle Pauls	STATE & ZIP CODE/COUNTRY
4	ADDRESS		Research Triangle Park	North Carolina 27709, US
L	l	Five Moore Drive, PO Box 13398		

COMBINED DECLAR	ATTORNEY'S DOCKET PU4962USw			
APPLICATION WITH	POWER (OF ATTORNEY		First Names Inventor: Kazmierski
				Complete if known:
				App No.:
() Declaration submitted with initial f	iling or			
() Declaration submitted after initial f	filing (surcharge re	equired 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below named	inventor. I herel	by declare that:		
My residence, post office a	address and citiz	enship are as stated belo	w next to my name.	
(if plural names are listed entitled:	below) of the sub	oject matter which is class	e is listed below) or an original, fi imed and for which a patent is so CRAPEUTIC AGENTS	
the specification of which	(check only one	item below):		
[]is attached hereto. OR				
[x] was filed on	as Unit	ed States application Se	rial No or PCT I	nternational
	C/US03/39644 fi applicable)	iled <u>Dec. 12, 2003</u> and v	was amended on (MM/DD/YYY	Y)
I hereby state that I have reas amended by any amend			he above-identified specification	, including the claims,
I acknowledge the duty to	disclose informa	ntion which is material to	patentability as defined in 37 C	FR §1.56.
I hereby claim foreign priority bene inventor's certificate or 365(a) of ar States of America, listed below and certificate or of any PCT internation	ny PCT internation have also identinal application h	onal application which d fied below, by checking aving a filing date befor	esignated at least one country of the box, any foreign application e that of the application on which	her than the United for patent or inventor's
PRIOR FOREIGN AND ANY PI Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)		Sound y	(MM/DD/YYYY))	CLAIMED
1.				
2.				
3. 4.	 			
5.				
I hereby claim the benefit under Tit	tle 35, United Sta	ates Code §119(e) of an	v United States provisional applie	cation(s) listed below:
Application No.	, =====================================		(MM/DD/YYYY)	. (.)
1. 60/433,634			2/13/2002	
2.				

COMBINED DECLARATION FOR UTILITY or DESIGN	
PATENT APPLICATION WITH POWER OF ATTORNEY Cor	itinuec

ATTORNEY'S DOCKET NUMBER

PU4962USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States

	or PCT International	l application in th ability as defined	e manner provided by the first in 37 C.F.R. §1.56 which bec pplication:	paragraph of 35 U.S.C	. §112, I acknov	vledge the duty to disc	lose information which
PRIOR	U.S. PARENT	APPLICATIO	ON or PCT PARENT A	PPLICATION		-	
						STATUS (Check	one)
U.S. F	Parent Application or Number	PCT Parent	Parent Filing D (MM/DD/YY)		PATENTED	PENDING	ABANDONED
prosecute	OF ATTORNEY this application ar Number 23347 ar	nd to transact all	nventor, I hereby appoint the I business in the Patent and timber 20462	ne practitioners associ Trademark Office co	iated with the	Customer Numbers with	provided below to
Address	all correspondent David J. Levy Corporate Intellect GlaxoSmithKline Five Moore Drive, Research Triangle	tual Property PO Box 13398	one calls to Customer N	umber <u>23347</u>			alls to: Deppenbrock 483-1577
are belie	eved to be true; an e punishable by f	nd further that ine or imprison	le herein of my own know these statements were m nment, or both, under 18 tent issuing thereon.	ade with the knowle	edge that wil	lful false statemen	ts and the like so
	FULL NAME	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME	ZINITIAL

1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KAZMIERSKI	Wieslaw	Mieczyslaw
	INVENTOR'S	Signature	Date:	
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	AQUINO	Chrisopher	Joseph
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BIFULCO	Neil	
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	CLUL MANGE	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	BOROS	Eric	Eugene
2		Signature	Effe	Date:
]	INVENTOR'S	Signature		Date:
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham	NC	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	
	POST OFFICE			STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHAUDER	Brian	Andrew
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CA
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		•
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHONG	Pek	Yoke
		Signature		Date:
]	INVENTOR'S	organizate.]
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham	NC	MY
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	l l
6	ADDRESS	•	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DUAN	Maosheng	
	INVENTOR'S	Signature .		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
ļ	POST OFFICE	POST OFFICE ADDRESS	CITY .	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		1
 	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DEANDA, Jr.	Felix	3333112 311 311 311 311 311
1 -	•	Signature	Tella	Date:
	INVENTOR'S	Signature		Date.
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &			
	CITIZENSHIP	Durham POST OFFICE ADDRESS	NC	US
1 ,	POST OFFICE	POST OFFICE ADDRESS ClaveSmithKline		STATE & ZIP CODE/COUNTRY North Carolina 27700 US
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	ļ	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KOBLE	Cecilia	Suarez
	INVENTOR'S	Signature		Date:
	SIGNATURE	Centra Noth		COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	
	CITIZENSHIP	Durham	NC	VE
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
}	1	Five Moore Drive, PO Box 13398	l	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MCLEAN	Ed	Williams
-		Signature] Eu	Date:
	INVENTOR'S	Signature		Date.
	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	RESIDENCE &		NC	US
1	CITIZENSHIP	Durham POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
^	POST OFFICE		4	
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
L	L	Five Moore Drive, PO Box 13398	l	

2	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
_	OF INVENTOR	PECKHAM	Jennifer	Poole
]	INVENTOR'S	Signature		Date:
]	SIGNATURE			
1 1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СІТҮ	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PERKINS	Angilique	C
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	СПҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1	Ī	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMPSON	James	Benjamin
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline .	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VANDERWALL	Dana	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	спу	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		

COMBINED DECLAR	ATTORNEY'S DOCI	KET			
APPLICATION WITH	I POWER (OF ATTORNEY	(First Names Inventor: Kazmierski	:
				Complete if know	<u></u> wn:
				App No.:	
() Declaration submitted with initial	filing or				
() Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date	
				Group Art Unit:	
As below named	i inventor. I here	by declare that:		<u> </u>	
My residence, post office	address and citiz	enship are as stated bel	ow next to my name.		
			ne is listed below) or an original, fairmed and for which a patent is so		
the specification of which			ERAPEUTIC AGENTS		
[]is attached hereto. OR					
	as Unit	ted States application S	erial No or PCT l	International	
	T/US03/39644 f	iled <u>Dec. 12, 2003</u> and	was amended on (MM/DD/YYY	Ύ)	
I hereby state that I have as amended by any amen			the above-identified specification	1, including the clain	ms,
I acknowledge the duty to	o disclose informa	ation which is material	to patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority ber inventor's certificate or 365(a) of a States of America, listed below an certificate or of any PCT internati	any PCT internati d have also ident onal application h	onal application which ified below, by checkin laving a filing date before	designated at least one country of g the box, any foreign application ore that of the application on whice	ther than the United n for patent or inven	itor's
PRIOR FOREIGN AND ANY I				novan	YTT Z
Prior Foreign Application Number (s)	(Country	Foreign Filing Date (MM/DD/YYYY))	PRIOR CLAIM	
1.			- //		
2.					
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5. I hereby claim the benefit under T	Stla 35 United St	ates Codo \$110(a) of a	ny United States provisional anni-	ication(s) listed hale	OW:
Application No.	the 33, United St		te (MM/DD/YYYY)	canon(s) listed belt	JW.
1. 60/433,634			12/13/2002		
2.					
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COMBINED DECLARATION FOR UTILITY or DESIGN	
PATENT APPLICATION WITH POWER OF ATTORNEY Conti	nued

2

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3

ADDRESS

FULL NAME

OF INVENTOR

INVENTOR'S SIGNATURE

RESIDENCE &

CITIZENSHIP

POST OFFICE

ADDRESS

POST OFFICE ADDRESS

GlaxoSmithKline

FAMILY NAME

BIFULCO

Signature

CITY Durham

Five Moore Drive, PO Box 13398

Five Moore Drive, PO Box 13398

ATTORNEY'S DOCKET NUMBER PU4962USw

SECOND GIVEN NAME/INITIAL

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

North Carolina 27709, US

Date:

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United

	or PCT International is material to patent	at is listed below and, insofar as the subject mat application in the manner provided by the first ability as defined in 37 C.F.R. §1.56 which becling date of this application:	paragraph of 35 U.S.C. §112, I ackn	owledge the duty to discle	ose information which	
PRIOR	U.S. PARENT	APPLICATION or PCT PARENT A	PPLICATION			
				STATUS (Check of	one)	
U.S. Parent Application or PCT Parent Number		PCT Parent Parent Filing I (MM/DD/YYY		PENDING	ABANDONED	
	OF A MINORAL PLANTS			Catalogue		
prosecut	e this application ar	: As a named inventor, I hereby appoint the dot transact all business in the Patent and do Customer Number 20462		ewith		
Address	all corresponden	ce and telephone calls to Customer N	umber 23347	Direct Telephone Calls to:		
David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398				Bonnie L. Deppenbrock 919–483-1577		
are beli made ar	eved to be true; and re punishable by f	tatements made herein of my own knownd further that these statements were made or imprisonment, or both, under 18 tion or any patent issuing thereon.	ade with the knowledge that w	rillful false statement	s and the like so	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR INVENTOR'S SIGNATURE	KAZMIERSKI Signature	RSKI Wieslaw		Mieczyslaw Date:	
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US		
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US		
2	FULL NAME OF INVENTOR	FAMILY NAME AQUINO	FIRST GIVEN NAME Chrisopher	Joseph		
	INVENTOR'S SIGNATURE	Signature	STATE OR FOREIGN COUNTRY	Date: COUNTRY OF CITIZEN	CHIP	
0	RESIDENCE & CITIZENSHIP	Durham	NC	US		
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US		

STATE OR FOREIGN COUNTRY

Research Triangle Park

FIRST GIVEN NAME

Neil

NC

	angolin culmiliti.
FULL NAME FAMILY NAME FIRST GIVEN NAME POPOS FIRST GIVEN NAME FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2 OF INVENTOR BOROS Eric	Eugene
INVENTOR'S Signature	Date:
SIGNATURE O RESIDENCE & CITY STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
V RESIDENCE &	US
CITIZENSHIP Durham NC POST OFFICE POST OFFICE ADDRESS CITY	STATE & ZIP CODE/COUNTRY
4 ADDRESS GlaxoSmithKline Research Triangle Par	
Five Moore Drive, PO Box 13398	1101111 041011114 27700, 00
	SECOND GIVEN NAME/INITIAL
FULL NAME FAMILY NAME OF INVENTOR CHAUDER FIRST GIVEN NAME Brian	Andrew
INVENTOR'S Signature	Date:
SIGNATURE	
0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP Durham NC	CA
POST OFFICE POST OFFICE ADDRESS CITY	STATE & ZIP CODE/COUNTRY
5 ADDRESS GlaxoSmithKline Research Triangle Par	rk North Carolina 27709, US
Five Moore Drive, PO Box 13398	
FULL NAME FAMILY NAME FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2 OF INVENTOR CHONG Pek	Yoke
INVENTOR'S Signature	Date:
SIGNATURE	
0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP Durham NC	MY
POST OFFICE POST OFFICE ADDRESS CITY	STATE & ZIP CODE/COUNTRY
6 ADDRESS GlaxoSmithKline Research Triangle Par	rk North Carolina 27709, US
Five Moore Drive, PO Box 13398	
FULL NAME FAMILY NAME FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2 OF INVENTOR DUAN Maosheng	
INVENTOR'S Signature	Date:
SIGNATURE	
0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP Durham NC POST OFFICE POST OFFICE ADDRESS CITY	CN STATE & ZIP CODE/COUNTRY
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1 OEE IMME	SECOND GIVEN NAMEDBITTAL
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O RESIDENCE & CITY STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP Durham NC	US
POST OFFICE POST OFFICE ADDRESS CITY	STATE & ZIP CODE/COUNTRY
8 ADDRESS GlaxoSmithKline Research Triangle Pa	rk North Carolina 27709, US
Five Moore Drive, PO Box 13398	ĺ
FULL NAME FAMILY NAME FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2 OF INVENTOR KOBLE Cecilia	Suarez
INVENTOR'S Signature	Date:
SIGNATURE	1
0 RESIDENCE & CITY STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
CITIZENSHIP Durham NC	VE
POST OFFICE POST OFFICE ADDRESS CITY	STATE & ZIP CODE/COUNTRY
9 ADDRESS GlaxoSmithKline Research Triangle Pa	rk North Carolina 27709, US
Five Moore Drive, PO Box 13398	
FULL NAME FAMILY NAME FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2 OF INVENTOR MCLEAN Ed	Williams
INVENTOR'S Signature	Date:
SIGNATURE	
1 RESIDENCE & CITY STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 1	
CITIZENSHIP Durham NC	US
CITIZENSHIP Durham NC POST OFFICE POST OFFICE ADDRESS CITY	US STATE & ZIP CODE/COUNTRY
CITIZENSHIP Durham NC	US STATE & ZIP CODE/COUNTRY

	F. C. V. M. M. C.	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME		Jennifer	Poole
1	OF INVENTOR	PECKHAM	Jennier	
ł	INVENTOR'S	Signature ,		Date:
ł	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	US
ł	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
ı	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PERKINS	Angilique	C
1 -	INVENTOR'S	Signature		Date:
į	SIGNATURE		· ·	•
1 .	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1		Durham	NC	US
1	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
2	ADDRESS	1	Research Friangle Fark	North Caronna 27703, US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR_	THOMPSON	James	Benjamin
	INVENTOR'S	Signature		Date:
	SIGNATURE			
1 1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Durham	NC	US
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	Ĭ	
—	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VANDERWALL	Dana	
1 -	INVENTOR'S	Signature		Date:
1		Signature		
1 .	SIGNATURE RESIDENCE & CITY STATE OR FOREIGN COUNTRY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
'	RESIDENCE &	Durham	NC	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 .	POST OFFICE			
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

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